

DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled: **LOCALIZED REINFORCEMENT SYSTEM FOR REFRIGERATOR CABINET**

The specification of which (check one):

☒ is attached hereto.

☐ was filed on: As Application Serial No.:
and (if applicable) was amended on:

☐ was filed on: As International (PCT) Application No.:
and (if applicable) was amended on:

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in *Title 37, Code of Federal Regulations, §1.56*. I hereby claim foreign priority benefits under *Title 35, United States Code §119* of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Claimed	
Number	Country	Day/Month/Year Filed	Yes	No

I Hereby Claim the Benefit Under Title 35 U.S. Code § 119(E) of any U.S. Provisional Applications Listed Below.	
Number	Day/Month/Year Filed
60/396,023	16 July 2002

I hereby claim the benefit under *Title 35, United States Code, §120* of any United States application(s) or PCT international application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of *Title 35, United States Code, §112*, I acknowledge the duty to disclose information which is material to patentability as defined in *Title 37, Code of Federal Regulations, §1.56* which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Application Number	Filing Date	Status-Patented, Pending or Abandoned

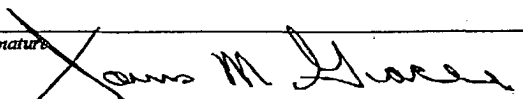
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: I (We) hereby appoint as my (our) attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Allan P. Orsund (Reg. No. 30,308); Bruce P. Watson (Reg. No. 35,405); Everett G. Diederiks, Jr. (Reg. No. 33,323); Nicholas S. Whitelaw (Reg. No. 36,418); Rebecca M. Karney (Reg. No. 47,694); and Victor Kernus (Reg. No. 50,146).

I (we) authorize my (our) attorneys to accept and follow instructions from regarding any matter related to the preparation, examination, grant and maintenance of this application, any continuation, continuation-in-part or divisional based thereon, and any patent resulting therefrom, until I (we) or my (our) assigns withdraw this authorization in writing.

Send correspondence to: **DIEDERIKS & WHITELOW, PLC**
12471 Dillingham Square, #301
Woodbridge, Virginia 22192

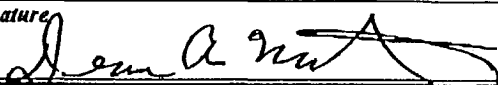
Telephone calls to:
(703) 583-8300

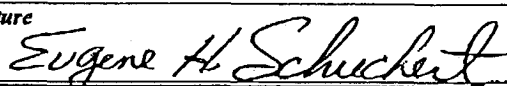
Full Name of First or Sole Inventor James M. Grace	Citizenship U.S.
Residence Address 3206 X Avenue Elberon, IA 52225	Post Office Address <input checked="" type="checkbox"/> Same as Residence
Date 7-10-03	Signature 

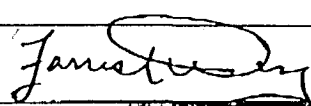
☒ See following page(s) for additional joint inventors.

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Residence Address	Post Office Address <input type="checkbox"/> Same as Residence
Date	Signature

Full Name of Joint Inventor	Citizenship
Residence Address	Post Office Address <input type="checkbox"/> Same as Residence
Date	Signature

☐ See following page(s) for additional joint inventors.